| The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Co you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form use Debtor 2 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and to the forms. Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numl (if known). Answer every question. Part 1: Identify Yourself About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): LETICIA First name With the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. LETICIA First name Middle name AGUILAR Last name Last name First name First name First name First name Last name | | | Document Page | 1 of 38 | |
|--|---|--|---|---|--|
| Northern District of Hundos Case number (**Money) Chapter 12 | ŀ | Fill in this information to identif | y your case: | INITED STATES DANGEROOM | |
| Case number of Account Chapter you are filing under. Chapter you are filing under. Chapter 12 Chapter 12 Chapter 12 Chapter 13 Chapter 12 Chapter 13 Chapter 14 Chapter 15 Chapter 15 Chapter 15 Chapter 16 Chapter 17 Chapter 17 Chapter 18 Chapter 18 Chapter 19 Chapter | ι | Jnited States Bankruptcy Court fo | or the: | NORTHERN DISTRICT OF HUMOIS | |
| Chapter you are filing under: Chapter 12 | | | | · · · · · | |
| Chapter 1 Chapter 1 Chapter 12 Chapter 13 Chapter 14 Chapter 13 Chapter 14 Chapt | , | San | | · · · · · · · · · · · · · · · · · · · | |
| Official Form 101 Voluntary Petition for Individuals Filing for Bankruptcy 12/1. The bankrupt forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a form case—and in joint cases, these forms use you to set for information from both debtors or example, if a form sets, "Do you own a car," the answer would be yes if either debtor owns a car, when information is needed abotte as port example, if a form sets, "Do you own a car," the answer would be yes if either debtor owns a car, when information is needed abotte as port example, if a form sets, "Do you own a car," the answer would be yes if either debtor owns a car, when information is needed abotte as port example, if a form sets, "Do you own a car," the answer would be yes if either debtor owns a car, when information is needed abotte as port example, if a form sets, "Do you own a car," the answer person must be Debtor ? In all of the forms. Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct information. In more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numl (if known). Answer every question. The standard pour people are filing together, both are equally responsible for supplying correct information for example, your driver's license or passyon! About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): LETICIA First name Last name Nodde name Last name Last name Last name Last name Last name Suffix (Sr. Jr. II, III) Prist name Nodde name Last name Last name Last name Last name Last name Suffix (Last name) Suffix (Sr. Jr. II, III) | (| Jase number (If known): | | FFFREY P ALISTEADT CLEDY | |
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| Voluntary Petition for Individuals Filing for Bankruptcy The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a foint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," when information is needed about the spouses separately, in an analysis of the answer would be yes if either debtor owns a car. When information in mose about the spouses separately, in all of the forms as person must be Debtor 1 in all of the form. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case numl (if known). Answer every question. Portisis Identify Yourself About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): LETICIA First name White the name that is on your government-issued picture government-issued picture government-issued picture government-issued picture (and in the state of the first name) Middle name Last name Lest name First name First name First name First name Middle name Last name ACULAR Last name Last name Last name First name Middle name Last name Last name First name First name Middle name Last name ACULAR Last name First name Middle name Last name Last name First name Middle name Last name ACULAR Last name First name Middle name Last name First name First name Middle name Last name First name Middle name Last name First name ACULAR ACULAR Last name First name Firs | | | | | |
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| Joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," then information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the debtor was passed and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information, if more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case num (if known). Answer every question. Part 1: Identify Yourself | V | oluntary Peti | tion for Individuals Fil | ing for Bankruptcy | 12/15 |
| About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Note the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Middle name AGUILAR Last name Last name Last name Include your married or maiden names. Middle name Last name Middle name Middle name Last name Last name Last name Last name Middle name Last name Last name South (Sr., Jr., II, III) | <i>joi</i> the <i>De</i> sa Be inf | int case—and in joint cases, the e answer would be yes if either ebtor 2 to distinguish between the me person must be Debtor 1 in e as complete and accurate as per formation. If more space is nee | ese forms use you to ask for information from bot debtor owns a car. When information is needed a them. In joint cases, one of the spouses must report all of the forms. possible. If two married people are filing together, ded, attach a separate sheet to this form. On the to | th debtors. For example, if a form asks, "Do you own about the spouses separately, the form uses <i>Debtor</i> ort information as <i>Debtor 1</i> and the other as <i>Debtor</i> both are equally responsible for supplying correct | n a car," • 1 and • 2. The |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. AGUILAR Last name Last name Last name Last name First name Suffix (Sr., Jr., II, III) Last name AGUILAR Last name Last name First name Middle name Middle name Last name Last name Last name Last name First name First name On the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number 9 xx - xx - 8 7 3 1 9 xx - xx - | Pa | rtd: Identify Yourself | | | ************************************** |
| Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. AGUILAR Last name AGUILAR Last name Last name Suffix (Sr., Jr., II, III) Last name First name First name First name First name First name Last name Last name Last name Adultar Last name Last name Last name First name First name Middle name Middle name Last name Last name Last name Last name Last name First name First name First name Adultar Acuitar Adultar Adu | | | About Debtor 1: http://debt.org/10.100/ | About Debtor 2 (Spouse Only in a Joint Ca | ise): |
| government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) 2. All other names you have used in the last 8 years Include your married or maiden names. Include your married or maiden names. Include your married or maiden name Last name Last name First name First name First name First name First name Last name Last name Last name Suffix (Sr., Jr., II, III) | 1. | | | | |
| identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. 2. All other names you have used in the last 8 years Include your married or maiden names. Include your married or maiden names. | | | | <u> </u> | |
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| with the trustee. Suffix (Sr., Jr., II, III) First name First name Middle name Last name First name Middle name Last name Last name Last name Suffix (Sr., Jr., II, III) And IIII And | | Bring your picture | | | |
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| Include your married or maiden names. Last name Last name | | | First name | First name | |
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| 3. Only the last 4 digits of your Social Security xxx - xx xxx - xx xxx - xx number or federal OR Individual Taxpayer Identification number 9 xx - xx - <u>8 7 3 1</u> 9 xx - xx | | | Last name | Last name | - |
| your Social Security | | | | A | , |
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Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main

Middle Name

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Entered 03/16/16 13:03:53 Desc Main Page 2 of 38

Debtor 1

LETICIA

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| ಿಎಂದ | number | (# known) | |
|------|--------|-----------|--|

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names I have not used any business names or EINs. I have not used any business names or EINs. and Employer **Identification Numbers** (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name EIN 5. Where you live If Debtor 2 lives at a different address: 827 BANGS STREET Number Street Street **AURORA** IL 60505 ZIP Code City State ZIP Code KANE County County If your mailing address is different from the one If Debtor 2's mailing address is different from above, fill it in here. Note that the court will send yours, fill it in here. Note that the court will send any notices to this mailing address. any notices to you at this mailing address. Number Number Street Street P.O. Box P.O. Box City State ZIP Code City State ZIP Code 6. Why you are choosing Check one: Check one: this district to file for Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, bankruptcy I have lived in this district longer than in any I have lived in this district longer than in any other district. other district. l have another reason. Explain. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) (See 28 U.S.C. § 1408.)

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Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Page 3 of 38

Debtor 1

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AGUILAR

Case number (if known)

| þ | art 2: Tell the Court Abo | ut Your E | Bankrup | otcy Case | | | |
|--------------|--|---|---------------------------------------|--|---|---|--|
| 7. | The chapter of the Bankruptcy Code you | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | |
| | are choosing to file under | ☐ Cha | pter 7 | | | | |
| | | Cha | pter 11 | | | | |
| | | ☐ Cha | pter 12 | | | | |
| ndi ner peri | e enementario i la constitucio de la constitució | ☑ Cha | pter 13 | | | | |
| 8. | How you will pay the fee | loca your subi | I court for self, you mitting y | or more details a u may pay with o | about how you n cash, cashier's c | nay pay. Typical check, or money | eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check |
| | | ☑ I ne∉ App | ed to pa | y the fee in ins for Individuals to | tallments. If yo Pay The Filing | u choose this op Fee in Installme | otion, sign and attach the ents (Official Form 103A). |
| | | By la less pay | aw, a jud than 15 the fee | dge may, but is r 50% of the officia in installments). | not required to, will poverty line the If you choose the | waive your fee, a at applies to you iis option, you m | tion only if you are filing for Chapter 7. and may do so only if your income is ar family size and you are unable to nust fill out the <i>Application to Have the</i> with your petition. |
| 9. | Have you filed for bankruptcy within the | Ø No | | | | | |
| | last 8 years? | ☐ Yes. | District | *************************************** | When | MM / DD / YYYY | Case number |
| | | | District | | When | MM / DD / YYYY | Case number |
| | | | | | | | |
| | | | District | · · · · · · · · · · · · · · · · · · · | When | MM / DD / YYYY | Case number |
| 10. | Are any bankruptcy | ☑ No | | | | | |
| | cases pending or being filed by a spouse who is | | Dehtor | | | | Relationship to you |
| | not filing this case with | 103. | | | | | Case number, if known |
| | you, or by a business partner, or by an affiliate? | | | | | MM / DD / YYYY | Sacration, Million, M |
| | *************************************** | | Debtor | | | | Relationship to you |
| | | | District | *************************************** | When | MM / DD / YYYY | Case number, if known |
| 11. | Do you rent your residence? | ₩ No. | Go to lin Has you residen | ur landlord obtaine ce? Go to line 12. | d an eviction judg | ment against you | and do you want to stay in your Against You (Form 101A) and file it with |
| | | | | bankruptcy petitio | | | The state of the s |

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Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Page 4 of 38

| Debtor | 1 |
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| Debtor | 1 |

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AGUILAR

Case number (if known)

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| P | Report About Any I | Busines | ses You Own as a So | le Proprieto | or | | | |
|-----|---|-------------|--|---|-------------------|-------------|--|-------------|
| 12 | . Are you a sole proprietor | ☑ No. | Go to Part 4. | | | | | |
| | of any full- or part-time business? | Yes | Yes. Name and location of business | | | | | |
| | A sole proprietorship is a business you operate as an | | | | | | | |
| | individual, and is not a separate legal entity such as | | Name of business, if any | | | | | |
| | a corporation, partnership, or LLC. | | Number Street | | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach it | | | | | | PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE | |
| | to this petition. | | City | *************************************** | | State | ZIP Code | |
| | | | Check the appropriate be | ox to describe | your business: | | | |
| | | | ☐ Health Care Busines | s (as defined | in 11 U.S.C. § 10 |)1(27A)) | | |
| | | | ☐ Single Asset Real Es | | | |) | |
| | | | ☐ Stockbroker (as defin | | - | , , , | • | |
| | | | Commodity Broker (a | | - | 3)) | | |
| | | | ☐ None of the above | | • | ,, | | |
| | are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D). | Ø No. □ No. | I am not filing under Chapter the Bankruptcy Code. I am filing under Chapter the Bankruptcy Code. | pter 11. 11, but I am I | NOT a small bus | iness debto | or according to the de | |
| Pa | nt 4: Report if You Own o | or Have | Bankruptcy Code. Any Hazardous Prope | erty or Any | Property That | t Needs I | mmediate Attent | tion |
| 14. | Do you own or have any | Z No | | | | | | |
| | property that poses or is alleged to pose a threat | Yes. | What is the hazard? | | | | | |
| | of imminent and identifiable hazard to | | | | | | | |
| | public health or safety? | | | | | | | |
| | Or do you own any property that needs | | 16: 5: 11 11 11 | | | | | |
| | immediate attention? | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | ************************************** | | | | |
| | | | Where is the property? | Number | Street | | *************************************** | |
| | | | | Mannel | आस्स | | | |

City

ZIP Code

State

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Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Page 5 of 38

Debtor 1

AGUILAR

Case number (if known)

Part 5

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| Αl | 00 | ut | D | eb | to | r 1 | l: |
|----|----|----|---|----|----|-----|----|
| | | | | | | | |

You must check one:

☑ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of: |

Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Doc 1 Filed 03/16/16 Document

Entered 03/16/16 13:03:53 Desc Main Page 6 of 38

Debtor 1

Case number (it known)

| 16. | What kind of debts do | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
|------|---|---|---|---|--|--|
| | you have? | No. Go to line 16b. Yes. Go to line 17. | an pumanny for a personal, tamily, or nou: | senoia purpose." | | |
| | | 16b. Are your debts prima money for a business or in | rily business debts? Business debts vestment or through the operation of the | are debts that you incurred to obtain | | |
| | | No. Go to line 16c. Yes. Go to line 17. | g | Sciences of information. | | |
| | | 16c. State the type of debts you | u owe that are not consumer debts or bus | siness debts. | | |
| | Are you filing under Chapter 7? | No. I am not filing under C | hapter 7. Go to line 18. | терительной применення в приме | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | ☐ Yes | | | | |
| 8. | How many creditors do you estimate that you owe? | ☐ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | |
| | How much do you estimate your assets to be worth? | 2 \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| | How much do you estimate your liabilities to be? | □ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| | 1978 Sign Below | I have examined this petition, ar | nd I declare under penalty of perjury that i | the information provided is true and | | |
| · Oi | ryou | correct. If I have chosen to file under Ch | apter 7, I am aware that I may proceed, if understand the relief available under eac | f eligible, under Chapter 7, 11,12, or 13 | | |
| | | If no attorney represents me and this document, I have obtained a | d I did not pay or agree to pay someone vand read the notice required by 11 U.S.C. | who is not an attorney to help me fill out | | |
| | | | th the chapter of title 11, United States Co | | | |
| | | I understand making a false stat with a bankruptcy case can resu 18 U.S.C. §§ 152, 1341, 1519, a | It in fines up to \$250,000, or imprisonmer | money or property by fraud in connection at for up to 20 years, or both. | | |
| | | * Larcia Aga | ler × | | | |
| | | Signature of Debtor 1 | Signature | of Debtor 2 | | |
| | | Executed on D3 (6 | Executed Executed | on | | |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Document Page 7 of 38

| | Document | Page 7 of 38 | |
|--|---|---|--|
| Debtor 1 LETICIA First Name Middle | AGUILAR Name Last Name | Case number (if know | en) |
| For your attorney, if you ar represented by one If you are not represented by an attorney, you do not | I, the attorney for the debtor(s) named to proceed under Chapter 7, 11, 12, or available under each chapter for which the notice required by 11 U.S.C. § 342 knowledge after an inquiry that the infe | r 13 of title 11, United States Code, a the person is eligible. I also certif (b) and, in a case in which § 707(b | and have explained the relief y that I have delivered to the debtor(s) 0(4)(D) applies, certify that I have no |
| need to file this page. | Signature of Attorney for Debtor | Date | MM / DD /YYYY |
| | Printed name | | |
| | Firm name | | 70-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00-11-00 |
| | Number Street | | |
| | City | State | ZIP Code |

Email address

State

Contact phone _

Bar number

Doc 1 Filed 03/16/16

Document

Entered 03/16/16 13:03:53 Desc Main Page 8 of 38

Debtor 1

LETICIA

AGUILAR

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| Are you aware that filing for bankruptcy is a serio consequences? | ous action with long-term financial and legal |
|--|---|
| ☐ No ☑ Yes | |
| Are you aware that bankruptcy fraud is a serious inaccurate or incomplete, you could be fined or in | |
| ☐ No ☑ Yes | |
| Did you pay or agree to pay someone who is not No | an attorney to help you fill out your bankruptcy forms? |
| Yes. Name of Person | ce, Declaration, and Signature (Official Form 119). |
| By signing here, I acknowledge that I understand have read and understood this notice, and I am a attorney may cause me to lose my rights or property. | ware that filing a bankruptcy case without an |
| * Letric Aprila | * |
| Signature of Debtor 1 | Signature of Debtor 2 |
| Date O3-16-16 MM / DD / YYYY | Date MM / DD / YYYY |
| Contact phone | Contact phone |
| Cell phone | Cell phone |
| Email address | Fmail address |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Document Page 9 of 38

| Debtor 1 | LETICIA | | AGUILAR | |
|--------------------------------|----------------------|-----------------------------|-----------|-------------|
| 20001 | First Name | Middle Name | Last Name | |
| Debtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | |
| Inited States | Bankruptcy Court for | the: Northern District of I | Ilinois | |

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| No | o. Go to Part 2. | | itable intere | st in any residence, building, land, or similar prop | erty? | |
|------------|---|------------------|-------------------|---|--|---|
| .1. | /es. Where is the property? 827 BANGS STREET Street address, if available, or other description | | description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land | Do not deduct secured claims or exemptions. P the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Proper Current value of the entire property? \$ 98,707.00 \$ | |
| | Aurora City | IL State | 60505 ZIP Code | Investment property Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | KANE County | | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number: | | mmunity property |
| /ou .2. | ou own or have more than one, list here: | | | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured cla the amount of any secure Creditors Who Have Clair | aims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property.</i> |
| | Street address, if availa | able, or other o | lescription | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| City | City | State | ZIP Code | Investment property Timeshare Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by |
| | County | | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co | mmunity property |
| | | | | Other information you wish to add about this ite | | |

| Debtor | | 9026 Doc 1 Name Last Nam | <u>Dô€U∰êRt</u> Page 10 ofa®®umber (#1 | | |
|-----------------------|--|---|--|---|--|
| 1.3 | 3. Street address, if available | e, or other description | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | the amount of any secu Creditors Who Have Cla | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. Current value of the portion you own? |
| | City | State ZIP Code | Land Investment property Timeshare Other | interest (such as fe | of your ownership e simple, tenancy by ife estate), if known. |
| | County | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number: | (see instructions) em, such as local | community property |
| Add you | the dollar value of the part have attached for Part | portion you own for 1. Write that numbe | all of your entries from Part 1, including any entrier here. | s for pages | \$ |
| | | | | | |
| o you ou ow Car | u own, lease, or have leg in that someone else drive is, vans, trucks, tractors | al or equitable interes. If you lease a vehi | - | and Unexpired Leases. | es |
| o you ou ow Car | u own, lease, or have leg in that someone else drive s, vans, trucks, tractors No Yes | pal or equitable interes. If you lease a vehicles, sport utility vehicles. NISSAN ODYSSEY | cle, also report it on Schedule G: Executory Contracts es, motorcycles Who has an interest in the property? Check one. | and Unexpired Leases. Do not deduct secured the amount of any secured. | claims or exemptions. Put ted claims on <i>Schedule D:</i> hims Secured by Property. |
| Car | n town, lease, or have leg in that someone else drive s, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: | al or equitable interes. If you lease a vehicles, sport utility vehicle | cle, also report it on Schedule G: Executory Contracts es, motorcycles Who has an interest in the property? Check one. | Do not deduct secured the amount of any secu | claims or exemptions. Put red claims on Schedule D: aims Secured by Property. |
| you u ow Car | u own, lease, or have leg in that someone else drive is, vans, trucks, tractors No Yes Make: Model: Year: | al or equitable interes. If you lease a vehicle, sport utility vehicle NISSAN ODYSSEY 2001 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Do not deduct secured the amount of any secur Creditors Who Have Cle | claims or exemptions. Put red claims on <i>Schedule D:</i> nims Secured by Property. Current value of th portion you own? |
| Car | n town, lease, or have leg in that someone else drive s, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: | nal or equitable interes. If you lease a vehicles, sport utility vehicles. NISSAN ODYSSEY 2001 175000 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see | Do not deduct secured the amount of any secured carrent value of the entire property? | claims or exemptions. Put red claims on <i>Schedule D:</i> nims Secured by Property. Current value of th portion you own? |
| O you ow Car | n that someone else drivens, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: | nal or equitable interes. If you lease a vehicles, sport utility vehicles. NISSAN ODYSSEY 2001 175000 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. Debtor 1 only | Do not deduct secured the amount of any secure Creditors Who Have Cle Current value of the entire property? \$ 3,500.00 Do not deduct secured of the amount of any secure the amount of any secured of the amount of any secure control of any se | claims or exemptions. Put red claims on <i>Schedule D:</i> nims Secured by Property. Current value of th portion you own? |
| Car 3.1. | n that someone else drive s, vans, trucks, tractors No Yes Make: Model: Year: Approximate mileage: Other information: ou own or have more than | nal or equitable interes. If you lease a vehicles, sport utility vehicles. NISSAN ODYSSEY 2001 175000 | who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see instructions) Who has an interest in the property? Check one. | Do not deduct secured the amount of any secure Creditors Who Have Cle Current value of the entire property? \$ 3,500.00 Do not deduct secured of the amount of any secure the amount of any secured of the amount of any secure control of any se | claims or exemptions. Put red claims on Schedule D: pims Secured by Property. Current value of the portion you own? \$ 3,500.00 Claims or exemptions. Put red claims on Schedule D: pims Secured by Property. |

| ther perty (see | Current value of the entire property? | |
|--------------------|--|---|
| perty (see | | portion you own? |
| | \$ | \$ |
| y? Check one. | Do not deduct secured cla | |
| | the amount of any secured Creditors Who Have Claim | |
| | and the desired and the second and t | |
| | Current value of the | Current value of the |
| ther | entire property? | portion you own? |
| | | |
| perty (see | \$ | \$ |
| her | Current value of the entire property? | Current value of th portion you own? |
| erty (see | \$ | \$ |
| | | |
| /? Check one. | | |
| | the amount of any secured | claims on Schedule D: |
| | Greattors Who Have Claim | s Secured by Property. |
| | | Current value of th |
| | entire property? | portion you own? |
| her | | |
| h | ty? Check one. | the amount of any secured Creditors Who Have Claim |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main First Name Middle Name Last Name Document Page 12 of \$\text{8}\text{Number (if Known)}\$

| Do you own or have any le | gal or equitable interest in any of the following items? | Current value of the portion you own? |
|--|--|--|
| | | Do not deduct secured claims or exemptions. |
| B. Household goods and t | - | |
| | ces, furniture, linens, china, kitchenware | |
| ☐ No | | |
| Yes. Describe | Furniture, appliances | \$ 3,000.00 |
| Electronics | | |
| collections; el | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ectronic devices including cell phones, cameras, media players, games | |
| No No Describe | | ······································ |
| Tes. Describe | Tvs, Video, Audio and computer | \$ 2,000.00 |
| Collectibles of value | | |
| Examples: Antiques and stamp, coin, c | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | |
| Yes. Describe | | \$ |
| Equipment for sports ar | | nt va Adrij |
| and kayaks; o | graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes arpentry tools; musical instruments | |
| No Days | | and the state of t |
| Yes. Describe | | \$ |
| o, Firearms | | ne des vegi ² |
| Examples: Pistols, rifles, | shotguns, ammunition, and related equipment | |
| Yes. Describe | | ************************************** |
| 1. Clothes | | and the same of th |
| Examples: Everyday clott | nes, furs, leather coats, designer wear, shoes, accessories | |
| Yes. Describe | | \$ |
| 2. Jewelry | | www.i |
| Examples: Everyday jewe gold, silver | elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | |
| No - | | mount to a |
| Yes. Describe | | \$ |
| 3. Non-farm animals Examples: Dogs, cats, bit | ds. horses | |
| No | | |
| Yes. Describe | | \$ |
| Any other personal and | household items you did not already list, including any health aids you did not list | and the second s |
| No No | | - Joséph |
| Yes. Give specific | The second secon | \$ |
| | all of your entries from Part 3, including any entries for pages you have attached | |
| | and the first control of the control | |

Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Page 13 of 98 rumber (# known)______

Part 4:

Describe Your Financial Assets

| 15. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No | Do you own or have any | legal or equitable interest in a | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|--|--|--|--|---|---|
| Peposits of money Stamples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No | <u></u> | nave in your wallet, in your hom | ne, in a safe deposit box, and on hand when you f | ile your petition | |
| 17. Deposits of money Examples: Checking, savings, or other financial accounts, certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No | | | | | |
| Examples: Checking, savings, or other financial accounts, toertificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. 17.1. Checking account: | Yes | | | Cash: | \$ |
| 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | and other si | | | | |
| 17.2 Checking account: 17.3 Savings account: 17.4 Savings account: 17.5 Certificates of deposit: 17.6 Other financial account: 17.7 Other financial account: 17.8 Other financial account: 17.9 Other financial account: 17.9 Other financial account: 17.9 Other financial account: 18 Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | ☐ Yes | | Institution name: | | |
| 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No No Institution or issuer name: S S S S S S 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No No Sides specific information about them. Name of entity: Name of | | 17.1. Checking account: | | | \$ |
| 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. | | 17.2. Checking account: | | *************************************** | \$ |
| 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | | 17.3. Savings account: | | | \$ |
| 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | | 17.4. Savings account: | Market Comments and the Comments of the Commen | ************************************** | \$ |
| 17.6 Other financial account: 17.7 Other financial account: 17.8 Other financial account: 17.9 Other financial account: \$ 17.9 Other financial account: \$ 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | | 17.5. Certificates of deposit: | | | \$ |
| 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: \$ \$ 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | | 17.6. Other financial account: | | | _ |
| 17.8. Other financial account: \$ 17.9. Other financial account: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | | 17.7. Other financial account: | | | |
| 17.9. Other financial account: \$ | | 17.8. Other financial account: | | | |
| 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | | 17.9. Other financial account: | | | |
| Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Yes | | | | | |
| Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Name of entity: Yes. Give specific information about them | Examples: Bond funds, No | investment accounts with broke | erage firms, money market accounts | | \$ |
| an LLC, partnership, and joint venture No Name of entity: Yes. Give specific information about them | | | | | \$ |
| an LLC, partnership, and joint venture No Name of entity: Yes. Give specific information about them | | | | | \$ |
| 00/ | an LLC, partnership, a No Yes. Give specific information about | and joint venture | | % of ownership: | \$ |
| | WOOD CO. | AMAN PROMESSAN AND AND THE STATE OF THE PROPERTY OF THE PROPER | | 0% | \$ |

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| Debtor 1 | First Name | Middle Name L | ast Name Document Page 14 of 38 umber (if known) | |
|---------------------------------------|-------------------------------|--|---|----------|
| 20. Governme | ent and corp | orate bonds and oth | er negotiable and non-negotiable instruments | |
| Negotiable Non-negot | instruments iable instrume | include personal chec ents are those you ca | cks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them. | |
| informa | ive specific | Issuer name: | | \$ |
| | | Annual Control of Cont | | \$ |
| | | | | \$ |
| 21. Retiremen Examples: No Yes. Li | Interests in If | | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans | |
| | it separately. | Type of account: | Institution name: | |
| | | 401(k) or similar plan: | | \$ |
| | | Pension plan: | | \$ |
| | | IRA: | | \$ |
| | | Retirement account: | | \$ |
| | | Keogh: | | \$ |
| | | Additional account: | | \$ |
| | | Additional account: | | \$ |
| | | nadiaonal account. | | <u>v</u> |
| | of all unused Agreements | l deposits you have m | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications | |
| | | lne | Stitution name or individual: | |
| · 103 | | Electric: | stitution name or individual: | |
| | | Gas: | | \$ |
| | | Heating oil: | | \$¢ |
| | | | ntal unit: | Φ. |
| | | Prepaid rent: | | \$ |
| | | Telephone: | | \$ |
| | | Water: | | \$ |
| | | Rented furniture: | | \$ |
| | | Other: | | \$ |
| | | | | |
| No | | | of money to you, either for life or for a number of years) | |
| □ 105 | | Issuer name and des | сприон. | ¢ |

| | Last Name Document Page 15 of & umber (if known)_ | |
|--|--|---|
| 26 U.S.C. §§ 530(b)(1), 529A(b), and No | account in a qualified ABLE program, or under a qualified state tuition 529(b)(1). | on program. |
| ☑ YesInstitu | ition name and description. Separately file the records of any interests.11 t | J.S.C. § 521(c): |
| | | <u> </u> |
| | | <u> </u> |
| | | \$ |
| xercisable for your benefit | in property (other than anything listed in line 1), and rights or power | s |
| ☑ No ☑ Yes. Give specific | | A AFLANK ALL ME, WE WERE MADE ALL ALL AND ALL |
| information about them | | \$ |
| Examples: Internet domain names, we | ade secrets, and other intellectual property ebsites, proceeds from royalties and licensing agreements | |
| ✓ No✓ Yes. Give specific | | |
| information about them | | \$ |
| | neral intangibles licenses, cooperative association holdings, liquor licenses, professional lic | censes |
| √ No | | ss_ |
| No Yes. Give specific information about them | | |
| No Yes. Give specific information about them Yes or property owed to you? | | \$ Current value of the portion you own? Do not deduct secured |
| Yes. Give specific information about them ney or property owed to you? ax refunds owed to you No | | \$ Current value of the portion you own? Do not deduct secured |
| Yes. Give specific information about them ax refunds owed to you No Yes. Give specific information about them, including whether | Federal | \$ |
| Yes. Give specific information about them Yey or property owed to you? Tax refunds owed to you No Yes. Give specific information | Federal State: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns | Federal State: | \$ |
| Yes. Give specific information about them They or property owed to you? The second of the seco | Federal State: Local: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ |
| Yes. Give specific information about them ax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years | Federal State: Local: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ |
| Yes. Give specific information about them Yes or property owed to you? A No Yes Give specific information about them, including whether you already filed the returns and the tax years. Yes amples: Past due or lump sum alimation. | Federal State: Local: Alimony: | \$ |
| Yes. Give specific information about them Yes or property owed to you? Yes Give specific information about them, including whether you already filed the returns and the tax years. Family support Examples: Past due or lump sum alimation. | Federal State: Local: | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ \$ \$ \$ perty settlement \$ ance: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years. Tax refunds owed to you No No No | Federal State: Local: Alimony: Maintena Support: | \$ |
| Yes. Give specific information about them Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years. | Federal State: Local: Local: Alimony: Maintena Support: Divorce s | Current value of the portion you own? Do not deduct secured claims or exemptions. \$ \$ \$ \$ perty settlement \$ ance: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

Yes. Give specific information.....

| Debtor 1 | Case 16-0902 LETICIA First Name Middle Nam | | Filed 03/16/16 DocWhent | Entered 03/16/16 13:03:53 Page 16 ofa@@umber (if known) | |
|--------------------------------------|---|-------------------------------|---|--|--|
| Example No | s in insurance policies es: Health, disability, or lif Name the insurance con of each policy and list its | npany _{Compar} | h savings account (HSA | A); credit, homeowner's, or renter's insurance Beneficiary: | Surrender or refund value: |
| | | | | | \$\$ |
| If you ar property | because someone has d | ng trust, expect pro lied. | | ance policy, or are currently entitled to receive | |
| ∟ Yes. | Give specific information | | | | \$ |
| | against third parties, where sees accidents, employment | nt disputes, insura | nce claims, or rights to | r made a demand for payment sue | |
| Yes. | Describe each claim | | | | \$ |
| 34. Other co to set of No | ontingent and unliquida ff claims | ted claims of eve | | ounterclaims of the debtor and rights | |
| ☐ Yes. | Describe each claim | | | | \$ |
| 35. Any fina | ncial assets you did no | t already list | | | |
| ☐ Yes. | Give specific information | | | | \$ |
| | dollar value of all of yo 4. Write that number he | | | ntries for pages you have attached | s |
| representation accomplication of the | e e v | | | | |
| Part 5: | | | - | wn or Have an Interest In. List ar | ny real estate in Part 1. |
| No. 6 | own or have any legal o Go to Part 6. Go to line 38. | r equitable intere | st in any business-rel | ated property? | |
| | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. Account | s receivable or commis | ssions you alread | y earned | | |
| Yes. | Describe | | | | \$ |
| | quipment, furnishings, Eusiness-related computer | and supplies | | hines, rugs, telephones, desks, chairs, electronic de | vices |
| | Describe | | et det met et et en | | \$ |

| tor 1 LETIC First Nar | CIA DAGHIMANT Pa | ntered 03/16/16 13:03:53 D ge 17 of Ber (# known) | esc Main |
|----------------------------|---|---|--|
| | res, equipment, supplies you use in business, and tools of | your trade | |
| ☑ No ☑ Yes. Describe | | | MANUEL STATE OF THE STATE OF TH |
| J Yes. Describe | ♥ | anne ann ann ann agus agus ann agus ann agus ann agus ann agus agus agus agus agus agus agus agus | \$ |
| ventory | | | |
| No Yes. Describe | | | ************************************** |
| | | | |
| erests in part | nerships or joint ventures | | |
| | e Name of entity: | % of ownership: | |
| | | % | \$ |
| | | % | \$ |
| | | % | \$ |
| | Plated property you did not already list | | \$ |
| Yes. Give spendinformation | | | \$ |
| mio, matter, | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | alue of all of your entries from Part 5, including any entries that number here | | \$ |
| | | en e | |
| | be Any Farm- and Commercial Fishing-Related Propown or have an interest in farmland, list it in Part 1. | erty You Own or Have an Interest I | 1. |
| No. Go to Pa | | cial fishing-related property? | |
| Yes. Go to lin | e 47. | | Current value of the portion you own? |
| | | | Do not deduct secured claim or exemptions. |

No Yes.....

Examples: Livestock, poultry, farm-raised fish

| ebtor 1 Case 16-09026 Doc 1 Filed 0: First Name Middle Name Last Name Doctor | | |
|---|--|--|
| Crops—either growing or harvested | | |
| QNO | or A 1.5 or Marie 1.4 or A 1.5 | milinday kirindayay Milyada MIT |
| Yes. Give specific information | | \$ |
| Farm and fishing equipment, implements, machinery, fixtu | | Bandyig Bandaruniya (Angalya) ari watasafi |
| ☑ No | | |
| ☐ Yes | | 11000001100000110000110000 |
| | | \$ |
| Farm and fishing supplies, chemicals, and feed | | |
| ☑ No | | |
| ☐ Yes | | mark - rate and the rate of th |
| | | \$ |
| Any farm- and commercial fishing-related property you did | | nounauconounce a communica e e e e e e e e e e e e e e e e e e e |
| No | not already list | |
| ☐ Yes. Give specific | | A Answer was annual resease Annual Control of Control o |
| information | | \$ |
| Add the dollar value of all of your entries from Part 6, inclu | ding any entries for pages you have attached | |
| for Part 6. Write that number here | | → \$ |
| Do you have other property of any kind you did not already | e an Interest in That You Did Not List A | |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | / list? | \$\$\$\$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here s | \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here s | \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here s | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here s | \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here \$ 3,500.00 \$ 5,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information | that number here \$ 3,500.00 \$ 5,000.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main

Document Page 19 of 38

Fill in this information to identify your case:

Debtor 1 LETICIA AGUILAR
First Name Middle Name Last Name

Debtor 2 (Spouse, if filing)
First Name Middle Name Last Name

Check if this is an amended filing

Official Form 106C

Case number

United States Bankruptcy Court for the: Northern District of Illinois

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:

Identify the Property You Claim as Exempt

| 1. | Which set of ex | cemptions are you claiming? | Check one only, even if | your spouse is filing with you. | |
|----|----------------------------|---|---------------------------------------|--|------------------------------------|
| | | iming state and federal nonbank iming federal exemptions. 11 U | | U.S.C. § 522(b)(3) | |
| 2. | For any proper | ty you list on <i>Schedule A/B</i> th | nat you claim as exemp | ot, fill in the information below. | |
| | | on of the property and line on that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
| | | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| | Brief description: | Nissan Odyssey | \$ | □ \$ <u>3,500.00</u> | 735 IL 55/12 1001 B |
| | Line from Schedule A/B; | 3.1 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: | Furniture & Applianc | \$ | □ \$ <u>3,000.00</u> | 735 IL 55/12 1001 B |
| | Line from Schedule A/B: | 6 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| | Brief description: | Electronics | \$ | \$ 2,000.00 | 735 IL 55/12 1001 B |
| | Line from Schedule A/B: | 7 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| 3. | • | ng a homestead exemption o | · · · · · · · · · · · · · · · · · · · | | ^ |
| | (Subject to adju | stment on 4/01/16 and every 3 | years after that for case | s filed on or after the date of adjustment. | <i>)</i> |
| | person. | u acquire the property covered | by the exemption within | 1,215 days before you filed this case? | |
| | □ No | | | • | |
| | Yes | | | | |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main LETICIA Document ARPage 20 of 29 Document LARPage 20 of Boumber (# known)

Part 2: **Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|--|------------------------------------|
| A Section 1997 | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: | \$ | 0 s | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | . \$ | Q \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | . \$ | | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | - |
| Brief description; | . \$ | | |
| Line from Schedule A/B: | **** | ☐ 100% of fair market value, up to any applicable statutory limit | : |
| Brief description: | \$ | Q \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | D \$ | • • • |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | : |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | - |
| Brief description: | \$ | O \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | · |
| Brief description: | \$ | 3 \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | O \$ | |
| Line from Schedule A/B: | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | Q \$ | : |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | \$ | \$ | |
| Line from Schedule A/B: | | 100% of fair market value, up to any applicable statutory limit | VANDAGE |
| · · | | The second secon | |

| Case 16-09026 D | oc 1 Filed 03/16/16 Entered 03/16 | 6/16 13:03:53 | Desc Main | |
|---|--|---|--|---|
| Fill in this information to identify your car | Document Page 21 of 38 | | | |
| Debtor 1 LETICIA | AGUILAR | | | |
| First Name Middle | | | | |
| Debtor 2 (Spouse, if filing) First Name Middle | Name Last Name | | | |
| United States Bankruptcy Court for the: Northern | District of Illinois | | | |
| Case number | | | | |
| (If known) | | | ☐ Check i amende | if this is an ed filing |
| Official Forms 400D | | | | Ū |
| Official Form 106D | | | | |
| Schedule D: Creditor | s Who Have Claims Secure | ed by Prop | erty | 12/15 |
| Do any creditors have claims secured to the control of the information below. Yes. Fill in all of the information below. | by your property? In to the court with your other schedules. You have nothing | | • | uny |
| Part 41: List All Secured Claims | | | | |
| for each claim. If more than one creditor has much as possible, list the claims in alph | nore than one secured claim, list the creditor separately as a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| Ocwen Loan Services LLC | Describe the property that secures the claim: | \$ <u>165,000.00</u> | \$98,707.00 | F |
| Creditor's Name P.O. Box 6440 Number Street | Property Home | | | |
| | As of the date you file, the claim is: Check all that apply. | - | | |
| Carol Stream IL 60197 | Contingent Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number 3 3 1 0 | ar SSIN Timbrio Billio considera successiva de Escatorio, pur espara per primero por aperta per productivo de p | t til valletid frå eller sterre er senatur Arriva att er eller eller frem frem frem fra eller eller eller stör | PESANO DA PARESTA A ARABAMA A PROMESSA E BRISINSA A ESA |
| 2.2 | Describe the property that secures the claim: | \$ | \$\$ | S |
| Creditor's Name | | | | |
| Number Street | | | | |
| | As of the date you file, the claim is: Check all that apply. | | | |
| | Unliquidated Unliquidated | | | |
| City State ZIP Code | Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

community debt Date debt was incurred

At least one of the debtors and another

Check if this claim relates to a

An agreement you made (such as mortgage or secured

☐ Statutory lien (such as tax lien, mechanic's lien)

☐ Judgment lien from a lawsuit

Other (including a right to offset)

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

165,000.00

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main

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|---|---|-----|---|

| LETICIA | | | DOCAGGEAR | Case number (if known) | |
|------------|-------------|-----------|-----------|------------------------|--|
| First Name | Middle Name | Last Name | | | |

| Part 1: Additional Page After listing any entries on this by 2.4, and so forth. | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
|--|--|--|-----------------------------------|----------|
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | - V | | |
| Number Street | - | | | |
| | - As of the date you file, the claim is: Check all that apply. | | | |
| *************************************** | Contingent | | | |
| City State ZIP Code | □ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | • | | |
| ☐ Check if this claim relates to a community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| પ છે. જ્યા પર વિજ ૧, જીવારિપરિકારિકાર્યન કરિયા પોતાનેકોન્સ કરિયાનોકાના દેશાના હતાના કરવાના જ ૧ લા પણ નાગળના ૧ ન છે. આ વાર્ | Describe the property that secures the claim: | \$ | | <u> </u> |
| Creditor's Name | | · control | | |
| Number Street | • | And distance of the Control of the C | | |
| | As of the date you file, the claim is: Check all that apply. | i. | | |
| | Contingent | | | |
| City State ZIP Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed | | | |
| Debtor 1 only | Nature of lien. Check all that apply. | | | |
| Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | • | | |
| community debt | | | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| | Describe the property that secures the claim: | \$ | \$ | \$ |
| Creditor's Name | | T | | · |
| Number Street | | 004 ADDRIVED A | | |
| Number Street | | | | |
| | - As of the date you file, the claim is: Check all that apply. | | | |
| | Contingent | | | |
| City State ZIP Code | Unfiguidated Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secured) | | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit | | | |
| | Other (including a right to offset) | | | |
| Check if this claim relates to a community debt | , , , | • | | |
| Date debt was incurred | Last 4 digits of account number | | | |
| Add the dollar value of your entrie | s in Column A on this page. Write that number here: | \$ | | |
| | , add the dollar value totals from all pages. | ¢ | | |
| Write that number here: | er e | φ | | |

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Entered 03/16/16 13:03:53 Page 23 of 38
Case number (if know

Desc Main

Debtor 1

LETICIA

Part 2: List Others to Be Notified for a Debt That You Already Listed

| | | | | The Control of the Co |
|---|---|---|--|--|
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | |
| | | | | _ |
| City | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | State | ZIP Code | ··· |
| | el e meio comercio en el goberno el secucionido de escolo de el secucionido de el secucionido de el secucionid | tina (1876), sistillingia di manggilisa manting pepulangang nagangang anggangan | | On which line in Part 1 did you enter the creditor? |
| Name | PARTITION PARTIE PA | | | Last 4 digits of account number |
| Number | Street | | | - |
| | | | | _ _ |
| City | t tir o kilo mot milita a milita oli oli di kolonia a a kolonia oli sila milita kolonia oli a tiri o kolonia. | State | ZIP Code | on which line in Don't dill come and the come the come that a second the come of the come |
| Name | | | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |
| , , , , , , , , , , , , , , , , , , , | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| Number | Street | | | _ |
| City | | State | ZIP Code | _ |
| * | rena esta mitertenta parpa, promitin de taracerte de sena a está de car | en a egant deten talan en agan en | r e beta Norma e al Care de escare fora es en esta pres remanda esta foração em pa | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | <u> </u> | - |
| | ************************************** | | | - |
| City | egy hydraes y da see eerste kaas eerste gaar da see yn de see yn de see yn de see | State | ZIP Code | |
| | | | | On which line in Part 1 did you enter the creditor? |
| Name | | | | Last 4 digits of account number |
| Number | Street | | | - |
| City | | State | ZIP Code | - |
| *********** | e anno an the combined and the state of the combined and the combined and the combined and the combined and the | | | On which line in Part 1 did you enter the creditor? |
| Name | | and the develope develope and the section as | | Last 4 digits of account number |
| Number | Street | | | <u>.</u> |
| <u></u> | | | | _ |
| City | | State | ZIP Code | - |

| E | ll in this ir | Case 16-09026 | | Filed 03/16/16 | Entered 03/16/16 13 | 3:03:53 | Desc Ma | in |
|-----------------------------------|--|--|---|--|---|--|--|--|
| | | | | | 7 01 00 | | | |
| De | ebtor 1 | LETICIA First Name | Middle Name | AGUILAR Last Name | | | | |
| De | ebtor 2 | 1 not reality | Made Haria | judot i kui ili | | | | |
| | oouse, if filing) | First Name | Middle Name | Last Name | | | | |
| Ur | nited States | Bankruptcy Court for the: N | lorthern District | of Illinois | | | _ | |
| | se number | · | | · | | | | eck if this is an ended filing |
| (If | known) | | | | | | um | chaca ming |
| 01 | ficial F | Form 106E/F | | | | | | |
| S | chedi | ule E/F: Cred | ditors V | Who Have U | nsecured Clain | ns | | 12/15 |
| List A/B cred nee any | the other : Property ditors with ded, copy additiona | party to any executory (Official Form 106A/B) partially secured clain | contracts or and on Scheons and that are list it out, number ne and case no | unexpired leases that c dule G: Executory Conti led in Schedule D: Cred the entries in the boxed umber (if known). | RIORITY claims and Part 2 for ould result in a claim. Also livacts and Unexpired Leases (vitors Who Have Claims Secures on the left. Attach the Conti | st executory Official Forr red by Prop | y contracts on n 106G). Do no erty. If more sp | Schedule ot include any ace is |
| | | editors have priority un | secured clain | ns against you? | | | | |
| _ | No. Go Yes. | to Part 2. | | | | | | |
| | | vour priority unsecure | d claims. If a c | reditor has more than on | e priority unsecured claim, list the | ne creditor s | eparately for ea | ch claim. For |
| | each claim | listed, identify what type | of claim it is. I | f a claim has both priority | and nonpriority amounts, list th | at claim her | e and show both | priority and |
| | | | | | der according to the creditor's n creditor holds a particular claim | | | |
| | (For an ex | planation of each type of | claim, see the | instructions for this form | in the instruction booklet.) | naga wasan kasan kasan | resprite various responses distributions | agionista anciata successi a serie a non c |
| | | | | | | Total clair | n Priority amount | Nonpriority amount |
| 2.1 | | | | | | | • | |
| | Priority Cred | ditor's Name | | Last 4 digits of accou | nt number | \$ | \$ | \$ |
| | | · · · · · · · · · · · · · · · · · · · | | When was the debt in | curred? | | | |
| | Number | Street | | An of the date you fit | e, the claim is: Check all that apply | | | |
| | | | | Contingent | e, the claim is: Oneck all that apply | /. | | |
| | City | State | ZIP Code | Unliquidated | | | | |
| | Who inco | irred the debt? Check one |) . | Disputed | | | | |
| | Debto | • | | | | | | |
| | Debto: | | | Type of PRIORITY u | nsecured claim: | | | |
| ı | | r 1 and Debtor 2 only | | Domestic support of | oligations | | | |
| | | st one of the debtors and and | | Taxes and certain or | ther debts you owe the government | | | |
| | | k if this claim is for a con | nmunity debt | Claims for death or proceed intoxicated | personal injury while you were | | | |
| | is the cla | im subject to offset? | | | | | | |
| | Yes | | | — Onici. opeony | | • | | |
| 2.2 | waran waran kotaraki atenasora | тийн хүү тийн Бэлдүг айсал үчүүүдөг үүдөг чэг үүчэг чүүү учинг баргангада хөвс часу байг авда ча | nn en amphalleir i mei mit ar romiteren, milent, meemee d | n vermenn eramelarannearmandamenn onnskin konsensiën amerikeels mil omt wil ansverluiklikkeli | Ann tallistanti anskunta orda akimi kani ilia kani ilia kani kani kanina anshesi Antaunika kanilakkina ilia kani kani kani kani kani kani kani ka | Sames II, CONSTITUTO CONTENSA CONTENSA A | en ar y priproj y en sjanovne sjenstati met vy cynese n.» c | \$ |
| | Priority Cred | ditor's Name | · · · · · · · · · · · · · · · · · · · | | nt number | \$ | \$ | \$ |
| | <u> </u> | A | | When was the debt in | currea? | | | |
| | Number | Street | | As of the date you file | e, the claim is: Check all that apply | <i>I</i> . | | |
| | | | | Contingent | | | | |
| | City | State | ZIP Code | Unliquidated | | | | |
| : | | arred the debt? Check one |) . | ☐ Disputed | | | | |
| · · | Debto | • | | Type of PRIORITY u | nsecured claim: | | | |
| | Debto | | | ☐ Domestic support of | | | | |
| | | r 1 and Debtor 2 only | -4b | | ther debts you owe the government | | | |
| : | | st one of the debtors and and | | | personal injury while you were | | | |
| | | k if this claim is for a con | nmunity debt | intoxicated | | | | |
| : | Is the cla | im subject to offset? | | U Other. Specify | | - | | |
| | - 103 | | | | | | | · |

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Doc 1

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Entered 03/16/16 13:03:53 Desc Main Page 25 of 38

Part 1:

Your PRIORITY Unsecured Claims - Continuation Page

| Afte | er listing any entries on this page, number them | beginning with 2.3, followed by 2.4, and so forth. | Total claim | Priority amount | Nonpriority amount |
|------|--|--|--|---|---|
| | | Last 4 digits of account number | \$ | \$ | \$ |
| | Priority Creditor's Name | | | | |
| | Number Street | When was the debt incurred? | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | | ☐ Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | , | Disputed | | | |
| | Who incurred the debt? Check one. | · | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | Domestic support obligations | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Taxes and certain other debts you owe the government | | | |
| | | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | □ No | | | | |
| | Yes | | | | |
| | EEST LACE ON THE BUT HER CONTINUE OF THE PROCESS OF | $\frac{1}{2}$ $\frac{1}$ | Constants existing and independent and account of the conversion o | | est.w.2011.0200.000000000000000000000000000 |
| | Priority Creditor's Name | Last 4 digits of account number | \$ | \$ | \$ |
| | Priority Creditor's Name | | | | |
| | Number Street | When was the debt incurred? | | | |
| | | As of the date you file, the claim is: Check all that apply. | | | |
| | | | | | |
| | City State ZIP Code | ☐ Contingent☐ Unliquidated | | | |
| | State ZIF Code | Disputed | | | |
| | Who incurred the debt? Check one. | ■ Disputed | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | Domestic support obligations | | | |
| | Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated | | | |
| | · | Other. Specify | | | |
| | Is the claim subject to offset? | | | | |
| | □ No | | | | |
| | Yes ********************************* | EE CONTINUES NO CONTINUES | \\\`@################################## | THE AVERTONIC LINES AND A STREET OF THE STREET | iside copulation for extragalistic for the second wave for the last of the con- |
| | | land to divide a factor of a constant | \$ | e | \$ |
| | Priority Creditor's Name | Last 4 digits of account number | Ψ | Ψ | Ψ |
| | | When was the debt incurred? | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | | ☐ Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Only Older Zil Gode | Disputed | | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | Type of PRIORITY unsecured claim: | | | |
| | Debtor 2 only | Domestic support obligations | | | |
| | Debtor 1 and Debtor 2 only | Taxes and certain other debts you owe the government | | | |
| | At least one of the debtors and another | Claims for death or personal injury while you were | | | |
| | ☐ Check if this claim is for a community debt | intoxicated Other. Specify | | na sainagas ancies na haitean concentration con | iii ee |
| | Is the claim subject to offset? | | | | |
| | O No | | | | |
| | ☐ Yes | | | | |

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Doc 1

Filed 03/16/46

Entered 03/16/16 13:03:53 Page 26 of 38

Desc Main

.

List All of Your NONPRIORITY Unsecured Claims

| 536200 | 0.0000000000 | | |
|---------------|--|--|--|
| 3. | Do any creditors have nonpriority unsecured claims against yo | 117 | |
| | | | |
| | No. You have nothing to report in this part. Submit this form to the | e court with your other schedules. | |
| | ☐ Yes | | |
| | | 10. La Careta de Markananes e lapta de la como de la | A Complete Control |
| 4. | List all of your nonpriority unsecured claims in the alphabetical | order of the creditor who holds each claim. If a creditor has | more than one |
| | nonpriority unsecured claim, list the creditor separately for each clair | For each claim listed, identify what type of claim it is. Do not | list claims already |
| | included in Part 1. If more than one creditor holds a particular claim, | list the other creditors in Part 3.If you have more than three no | npriority unsecured |
| | claims fill out the Continuation Page of Part 2. | [1] "大学" 医克拉克氏病 医氯化物 医动物 医皮肤病 医皮肤 | |
| | | | Neighbourn State Communication |
| | | | Total claim |
| 1.1 | | | |
| | | Last 4 digits of account number | ¢ |
| | Nonpriority Creditor's Name | 1841 | ŷ |
| | | When was the debt incurred? | |
| | Number Street | • | |
| | | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | State Zir Code | no or the date you me, the claim to: one or all that apply. | |
| | | ☐ Contingent | : |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | , | |
| | | ☐ Disputed | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Charles the control of the control o | |
| | | Student loans | |
| | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | · | that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ No | Other. Specify | |
| | ☐ Yes | | |
| | | | |
| .2 | The second secon | Last 4 digits of account number | 6 |
| -2 | | | · |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | | | |
| | Number Street | • | |
| | ***** | As of the date you file, the claim is: Check all that apply. | 4 |
| | City State ZIP Code | • | |
| | City State Zir Code | Contingent | • |
| | Who incurred the debt? Check one. | ☐ Unfiguidated | |
| | | ☐ Disputed | |
| | Debtor 1 only | | |
| | Debtor 2 only | Time of NONDRIORITY consequent states | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | ☐ Student loans | |
| | The foliation of the depote different of the depote of the | Obligations arising out of a separation agreement or divorce | |
| | ☐ Check if this claim is for a community debt | that you did not report as priority claims | |
| | · | | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | : |
| | □ No | Other. Specify | : |
| | Yes | | |
| 1 | 1.0.01755 + 2.0.0186 | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Province Committee of the Committee of t |
| .3 | | Last 4 digits of account number | |
| | Nonpriority Creditor's Name | | \$ |
| | The state of the s | When was the debt incurred? | |
| | | | 1 |
| | Number Street | | |
| | | - As of the date you file, the claim is: Check all that apply. | : |
| | City State ZIP Code | As of the date you me, the claim is: Check an that apply. | |
| | | ☐ Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | | |
| | Debtor 2 only | ☐ Disputed | |
| | | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | |
| | | Student loans | i |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | · · |
| | Is the claim subject to offset? | that you did not report as priority claims | Ì |
| | | Debts to pension or profit-sharing plans, and other similar debts | |
| | No Control of the Con | Other. Specify | |
| | Yes | | |
| | | | |

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Filed 23/1/6/146
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Entered 03/16/16 13:03:53 Page 27 of 38

Desc Main

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Aft | er listing any entries on this page, number ther | | n 4.4, followed by 4.5, and so forth. | Total claim |
|-----|--|--|---|-------------|
| | | | Last 4 digits of account number | ¢ |
| | Nonpriority Creditor's Name | | When was the debt incurred? | * <u></u> |
| | Number Street | return deur deur der der der der der der der der der de | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. Debtor 1 only | | ☐ Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | Student loans Obligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | Other. Specify | |
| | ☐ Yes | | | |
| | | о нединичен его (од Бической од Посет туру доби да од Посет од С | Last 4 digits of account number | |
| | Nonpriority Creditor's Name | | When was the debt incurred? | |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent Unliquidated | |
| | Who incurred the debt? Check one. | | Disputed | |
| | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Is the claim subject to offset? | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| | □ No □ Yes | | | |
| | ngal phalifus yang tang ang dang at system in serim serim serim ang mang ang ang ang ang ang ang ang ang ang | og veg seg vag magning gjereg i dystraneg tradici at dev vi atterpten at n | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | | When was the debt incurred? | |
| | Number Street | | As of the date you file, the claim is: Check all that apply. | |
| | City State | ZIP Code | Contingent Unliquidated | |
| | Who incurred the debt? Check one. | | Disputed | |
| | Debtor 1 only Debtor 2 only | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | | Student loans | |
| | At least one of the debtors and another | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a community debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | is the claim subject to offset? No Yes | | Other. Specify | |

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Entered 03/16/16 13:03:53 Desc Main Page 28 of 38

List Others to Be Notified About a Debt That You Already Listed

| | On which entry in Part 1 or Part 2 did you list the original creditor? |
|--|--|
| Name | |
| Number Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| | |
| | Last 4 digits of account number |
| City State ZIP Code | THE CONTROL OF THE STATE OF THE |
| Name | On which entry in Part 1 or Part 2 did you list the original creditor? |
| and the state of t | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| State ZIP Code | Last 4 digits of account number |
| | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| ity State ZiP Code | Last 4 digits of account number |
| sign State Commission of the C | |
| lame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| umber Street | Part 2: Creditors with Nonpriority Unsecured Claims |
| City State ZIP Code | Last 4 digits of account number |
| lame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| ity State ZIP Code | Last 4 digits of account number |
| The second secon | On which entry in Part 1 or Part 2 did you list the original creditor? |
| ame | |
| Jumber Street | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| State ZIP Code 10 Control Cont | Last 4 digits of account number |
| ame | On which entry in Part 1 or Part 2 did you list the original creditor? |
| | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | ☐ Part 2: Creditors with Nonpriority Unsecured |
| | Claims |
| | Last 4 digits of account number |

LETIS#16-09026 Doc 1

6j. Total. Add lines 6f through 6i.

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Entered 03/16/16 13:03:53 Desc Main Page 29 of 38

Part 4:

Add the Amounts for Each Type of Unsecured Claim

| 6. Total the a | amo | unts of certain types of unsecured claims. This inform unts for each type of unsecured claim. | ation i | is for statistical reporting purposes only. 28 U.S.C. § 159. |
|----------------|-----|---|---------|--|
| | | | | Total claim |
| Total claims | 6a. | Domestic support obligations | 6a. | \$ |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ |
| | 6e. | Total. Add fines 6a through 6d. | 6e. | \$ |
| | | | | Total claim |
| Total claims | 6f. | Student loans | 6f. | \$ |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ |
| | | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ |

| | | Case 16-09026 | Doc 1 | Filed 03/16/16 | Entered 03/16/16 13:03:53 | Desc Main |
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| F | ill in this ir | nformation to identify y | our case: | Document | Page 30 of 38 | |
| D | ebtor | LETICIA First Name | Middle Name | AGUILAR Last Name | | |
| | ebtor 2 ipouse If filing) | *************************************** | Middle Name | Last Name | | |
| | | Bankruptcy Court for the: N | | | | |
| | ase number f known) | ····· | | | | Charles the control of the control o |
| (1) | i Kitowrij | W | | | | Check if this is an amended filing |
| 0 | fficial F | Form 106G | | | | |
| | | | utory C | Contracts as | nd Unexpired Leases | 40/45 |
| Selection | | | | | g together, both are equally responsible f | |
| info | ormation. I | f more space is needed ges, write your name a | d, copy the ac | lditional page, fill it out | number the entries, and attach it to this | page. On the top of any |
| | | - | | , , | | |
| 1. | | ave any executory con heck this box and file thi | | | hedules. You have nothing else to report on | this form. |
| | Yes. F | Fill in all of the information | n below even | if the contracts or leases | are listed on Schedule A/B: Property (Official | al Form 106A/B). |
| 2. | List sepa example, unexpired | . rent, vehicle lease, ce | company with Il phone). See | whom you have the co the instructions for this | ontract or lease. Then state what each cor form in the instruction booklet for more exam | ntract or lease is for (for sples of executory contracts and |
| ě | | | | ASANA MARAKSAN | | |
| | Person o | r company with whom | you have the | contract or lease | State what the contract or lea | se is for |
| 2.1 | | | | | The State of the S | |
| | Name | | *************************************** | | | |
| : | Number | Street | | | | |
| | City | St | ate ZIP Cod | e | TRANSPORTER TO THE PARTY OF THE | |
| 2.2 | | | | Tilled villetind delemberate til det te til til et til de til det til det til det et til et til et til et til t | tari pangangan pangangan pangangan kanangan mengangan baharan kanan kepada kepada kanangan di sagan pangangang | ka propositi mata una anaka ka maka ka ka panaka na ka ka mata ka ka ka pangana na kata ka ka ka ka ka ka ka |
| | Name | | | , , , , , , , , , , , , , , , , , , , | · | |
| | Number | Street | | The Control of the Co | | |
| parameter s | City | Sta | ate ZIP Code | e de la companya del la companya de | takkalana. Kan 1911 mengandi berbijasa (Aberjasa Sagas) pamanlalan alam nepasa jelah Sabelipa se debenjasakan melabah basasan ka | Addraids and north at the country of |
| 2.3 | | | | | The state of the s | ************************************** |
| | Name | | | | | |
| | Number | Street | | | | |
| estatus parage | City | Ste | ite ZIP Code | e the same of the section of the sec | Managaria Bahar wateriah Kaliban ja ming berpisa terpisah pada pada pada kanagan jang pengangan pangnyangan jang bahangan bahar sama sama sama bahar sama | MAT PROGRESSIVE FRINCIS A PROGRESS A PROGRESS AND |
| 2.4 | | | | | | The second secon |

2.5

Name

Official Form 106G

Name

Number

City

Number Street

Street

State

State

ZIP Code

ZIP Code

City

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main DOCMBAR Page 31 of 38 **LETICIA**

Debtor 1

Last Name

| | 4 | Additional Pa | ige if You H | ave More C | ontracts or Leases | |
|-------------|--|--|---|--|---|--|
| - N | ANDERSKAR L | or company w | ith whom you | have the co | ntract or lease | What the contract or lease is for |
| 2. <u>2</u> | Name | · · · · · · · · · · · · · · · · · · · | | ······································ | | - |
| | Number | Street | | | · · · · · · · · · · · · · · · · · · · | - |
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| 2 | | - ACOUSTICA PER POSEDING HER EN ASSESSES HINDONY | estembre et till menns til fragen första efter, ompronger fjords | ell de elle alle element de la complete de la comp | dd whifel blanda wyl o ddod o'r a Gordinel a reilligefel (ddill) erby o 1983 i Africandal gwedi o'r me am | entangan dan dan menengah, sebasah dan bagan dan menandan dan menengan sama dan menengan sama dan menengan sama |
| | Name | | | | *************************************** | • |
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| 2 | Name | ************************************** | · · · · · · · · · · · · · · · · · · · | | | - |
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| | estative sembelenane on sense. | trationales destinantes and other retires were the source and as t | olale | ZIP COSE | ertsent darig til 1884 kennt det katterlar i mille Vda Valledyskelending om sjorg spesienskeleskel | |
| 2 | Name | | | * ************************************ | | |
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| | Name | | | | | |
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City

State

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|---|---|---|--|--|--|--|
| ebtor 2 pouse, if filing) First I nited States Bankr | Name Name | | | <u> </u> | | |
| ebtor 2 pouse, if filing) First I nited States Bankr | Name Name | | | | | |
| ripouse, if filing) First Inited States Bankrase number | | Middle Name | | | | |
| ase number | ruptcy Court for the: No | | Last Name | | | |
| | | orthern District of I | llinois | | | |
| TA ISIN'T | | | | | | |
| | | | | | | Check if this is a amended filing |
| fficial For | m 106H | | | | | amended ming |
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| filing together, I number the er | , both are equally re | esponsible for su on the left. Attac ry question. | ipplying correct info h the Additional Pag | ormation. If more space | ce is needed, copy the top of any Addition | possible. If two married people he Additional Page, fill it out hal Pages, write your name a |
| Do you have a | any codebtors? (If y | | | her spouse as a codebt | | in Control (1995) and Michael And Andrew Borne (1996) and a second and a second and a second and a second and a |
| Yes | | | | | | |
| Within the las | st 8 years, have you ornia. Idaho. Louisiar | lived in a comm | unity property state | or territory? (Commu. Texas, Washington, an | nity property states a | nd territories include |
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| Yes. Did yo | our spouse, former s | pouse, or legal ed | juivalent live with you | at the time? | | |
| ☐ No | | | | | | |
| Yes. In | which community st | tate or territory did | you live? | Fill in the | name and current ad- | dress of that person. |
| | | | | | | |
| Name of | f your spouse, former spou | se, or legal equivalent | | | | |
| Number | Street | | · · · · · · · · · · · · · · · · · · · | | | |
| 11011100 | Olloca Control | | | | | |
| City | | State | Z | ZIP Code | | |
| shown in line Schedule D (C | 2 again as a codeb | itor only if that pe , <i>Schedule E/F</i> (C | erson is a guarantor official Form 106E/F) | s a codebtor if your sp r or cosigner. Make su), or Schedule G (Offic | ire you have listed ti | he creditor on |
| Column 1: Yo | eur codebtor | | | | lumn 2: The execitor | The property of the state of th |
| 00.0.10.7.7.10 | out outobles | | | | | to whom you owe the debt |
| | | | | Ch | eck all schedules that | t apply; |
| Name | | | | | Schedule D, line | |
| Number | Street | | | | Schedule E/F, line _ | |
| NORIDE | Sileet | | | u | Schedule G, line | |
| City | | State | | ZIP Code | J-1 100 = 1-11 | laninkinasini Yodik iganjin in murmamina mumamin kishil naja masan masa |
| Name | | | eterder | | Schedule D, line | |
| Name | | | | | Schedule E/F, line _ | |
| Number ! | Street | ************************************** | With the beautiful and the bea | | Schedule G, line | *************************************** |
| | | State | | ZIP Code | and the state of t | State of the state |
| City | | | | г | Schedule D, line | |
| | | | | _ | SCHEUUIE D. IIAE | |
| 1 | | | | | · · · · · · · · · · · · · · · · · · · | |
| Name | Street | | | | Schedule E/F, line Schedule G, line | · · · · · · · · · · · · · · · · · · · |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Documentar Page 33 of 38 Page 33 of 38

LETICIA Middle Name

| Column 1: | Your codebtor | | | Column 2: The creditor to whom you owe the debt |
|-----------|--|--|--|--|
|] | | and the second of the second o | | Check all schedules that apply: |
| Name | WANTED AND ADDRESS OF THE PARTY | | | ☐ Schedule D, line |
| | | | | ☐ Schedule E/F, line |
| Number | Street | | derification Western | ☐ Schedule G, line |
| City | | State | ZIP Code | |
| Name | | | | Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Number | Street | The Part of the Control of the Contr | | ☐ Schedule G, line |
| City | | State | ZIP Code | ти тим также темперен дам эт эт эт эт дам |
| | | | | ☐ Schedule D, line |
| " Name | | | | Schedule E/F, line |
| Number | Street | | ************************************** | Schedule G, line |
| City | | State | ZIP Code | mere men hakunganan dan bakan kadaka Menanda kenandan kenandan kananda kananda kananda kananda kananda kananda |
| | | | | ☐ Schedule D, line |
| Name | | | | □ Schedule E/F, line |
| Number | Street | | T | Schedule G, line |
| City | | State | ZIP Code | |
| | ······································ | | | ☐ Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Number | Street | | | ☐ Schedule G, line |
| City | | State | ZIP Code | |
| | | 79-144-17-14-14-14-14-14-14-14-14-14-14-14-14-14- | | ☐ Schedule D, line |
| Name | | | | ☐ Schedule E/F, line |
| Number | Street | VII. TANKIN TO THE STATE OF THE | | ☐ Schedule G, line |
| City | | State | ZIP Code | |
| | | | | Schedule D, line |
| Name | | | | Schedule E/F, line |
| Number | Street | | | ☐ Schedule G, line |
| 0.4. | | Olate . | 7100 | |
| City | | State | ZIP Code | |
| Name | | | | Schedule D, line |
| | | | | Schedule E/F, line |
| Number | Street | | | Schedule G, line |
| City | | State | ZIP Code | |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Document Page 34 of 38 Fill in this information to identify your case: LETICIA **AGUILAR** Debtor 1 Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Case number Check if this is: (If known) An amended filing A supplement showing postpetition chapter 13 income as of the following date: Official Form 106I MM / DD / YYYY Schedule I: Your Income 12/15 Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 19 **Describe Employment** 1. Fill in your employment information. Debtor 1 Debtor 2 or non-filing spouse If you have more than one job. attach a separate page with **2** Employed **Employment status** Employed information about additional ☐ Not employed employers. ■ Not employed Include part-time, seasonal, or self-employed work. Housekeeping Occupation Occupation may include student or homemaker, if it applies. **Dukane Contract Services, Inc.** Employer's name Employer's address 1468 Louis Bork Dr Number Street Number Street Batavia IL 60510 City State ZIP Code State ZIP Code How long employed there? 12 Yrs 12 Yrs Part 2: **Give Details About Monthly Income** Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form, For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. 1,662.00 3. Estimate and list monthly overtime pay. 3. 1,662.00 Calculate gross income. Add line 2 + line 3.

Filed 03/16/16 Case 16-09026 Doc 1 Entered 03/16/16 13:03:53 Desc Main Page 35 of 38

Case number (ir known)_

Debtor 1

| <u> </u> | -0 00020 | 200 1 | |
|-----------|-------------|-----------|----------|
| ETICIA | | | Document |
| irst Name | Middle Name | Last Name | |

| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
|--|-------------|---------------------|---|-------------------------|
| Copy line 4 here | → 4. | \$ | \$ | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ 205.00 | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | \$ | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | \$ | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | \$ | \$ | |
| 5e. Insurance | 5e. | \$ | \$ | |
| 5f. Domestic support obligations | 5 f. | \$ | \$ | |
| 5g. Union dues | 5g. | \$ | \$ | |
| 5h. Other deductions. Specify: | 5h. | +\$ | + \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. | . 6. | \$ 205.00 | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ <u>1,457.00</u> | \$ | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | \$ | |
| 8b. Interest and dividends | 8b. | \$ | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive | ent | | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | |
| 8d. Unemployment compensation | 8d. | \$ | \$ | |
| 8e. Social Security | 8e. | \$ | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | nce 8f. | \$ | \$ | |
| 8g. Pension or retirement income | 8g. | \$ | \$ | |
| 8h. Other monthly income. Specify: | 8h. | +\$ | +\$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$_1,457.00 | \$ | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse. | 10. | \$1,457.00 + | \$= | s <u>1,457.00</u> |
| 11. State all other regular contributions to the expenses that you list in Scheolinclude contributions from an unmarried partner, members of your household, y friends or relatives. | | | nates, and other | |
| Do not include any amounts already included in lines 2-10 or amounts that are Specify: | | • • | s listed in <i>Schedule J</i> . 11. + | \$ |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | | | | \$ 1,457.00 Combined |
| 13. Do you expect an increase or decrease within the year after you file this f | orm? | | | monthly income |
| ☐ Yes. Explain: | | | | - |

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Page 36 of 38 Document Fill in this information to identify your case: LETICIA Debtor 1 **AGUILAR** Check if this is: Debtor 2 An amended filing (Spouse, if filing) First Name Last Name A supplement showing postpetition chapter 13 United States Bankruptcy Court for the: Northern District of Illinois expenses as of the following date: Case number MM / DD / YYYY Official Form 106J Schedule J: Your Expenses 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: **Describe Your Household** 1. Is this a joint case? No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household? Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? Dependent's relationship to Dependent's Does dependent live Yes. Fill out this information for Do not list Debtor 1 and Debtor 1 or Debtor 2 age with you? Debtor 2. each dependent..... ☐ No Do not state the dependents' Z Yes names □ No **☑** Yes □ No Yes ☐ No ☐ No Yes Do your expenses include ☐ No expenses of people other than Yes yourself and your dependents? **Estimate Your Ongoing Monthly Expenses** Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.) Your expenses 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: Real estate taxes 4a. Property, homeowner's, or renter's insurance 4b.

Home maintenance, repair, and upkeep expenses

Homeowner's association or condominium dues

4c.

4d.

Middle Name

Case 16-09026 Doc 1 Filed 03/16/16 Entered 03/16/16 13:03:53 Desc Main Document Page 37 of 38

Debtor 1

LETICIA First Name

AGUILAR Last Name

Case number (# known)_

| | | | Your expenses |
|-----|---|--------------|---|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$70.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$75.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$60.00 |
| | 6d. Other Specify: | 6d. | \$ |
| 7. | | 7. | \$400.00 |
| 8. | Childcare and children's education costs | 8. | \$ |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ |
| 10. | Personal care products and services | 10. | \$ |
| 11. | Medical and dental expenses | 11. | \$ |
| 12. | Transportation . Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ 260.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ |
| 14. | Charitable contributions and religious donations | 14. | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$ |
| | 15b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | \$\$ |
| | 15d. Other insurance. Specify: | 15d. | \$ |
| 6. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | 10, | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | 17b. Car payments for Vehicle 2 | 17a. 17b. | ¢. |
| | 17c. Other. Specify: | | Φ |
| | 17d. Other, Specify: | 17c. 17d. | \$ |
| Ω | | 170. | \$ |
| ٠. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ |
| 9. | Other payments you make to support others who do not live with you. | | *************************************** |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | ie. | |
| | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ |

Document Page 38 of 38 **LETICIA AGUILAR** Debtor 1 Case number (if known)_ Other. Specify: _ Calculate your monthly expenses. 22a. Add lines 4 through 21. 910.00 22a. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 910.00 23. Calculate your monthly net income. 1,662.00 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. 23b. Copy your monthly expenses from line 22c above. 23b. 910.00 23c. Subtract your monthly expenses from your monthly income. -910.00 The result is your monthly net income. 23c 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? No. Yes. Explain here:

Case 16-09026

Doc 1

Filed 03/16/16

Entered 03/16/16 13:03:53 Desc Main